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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	10/533385	
		Filing Date	April 28, 2005	
		First Named Inventor	Sung-Hee Park	
		Art Unit	2624	
		Examiner Name	David Rashid	
Total Number of Pa	ages in This Submission	9	Attorney Docket Numbe	51876P846
	ENCLO	SURES (chec	k all that apply)	
Fee Transmittal	Form	Drawing(s)	)	After Allowance Communication to TC
Fee Attac	hed	Licensing-re	elated Papers	Appeal Communication to Board of Appeals and Interferences
Amendment / Re	Amendment / Reply Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
I ==	After Final Petition to C Provisional Affidavits/declaration(s)		Convert a Application	Proprietary Information
· · · · · · · · · · · · · · · · · · ·		Power of Al Change of (	ttorney, Revocation Correspondence Address	Status Letter
		Disclaimer	Other Enclosure(s) (please identify below):	
Information Disc	Information Disclosure Statement Request for		Refund	5 prior art references; postcard
X PTO/SB/0	08	CD, Numbe	er of CD(s)	
Certified Copy of Document(s)	Certified Copy of Priority Document(s)  Lands		cape Table on CD	
Response to Mis Incomplete Appli	ssing Parts/ ication	Remarks		
Basic	Filing Fee	rtomanto		
_ <u> </u>	aration/POA			
Response Parts und 1.52 or 1.5	e to Missing ler 37 CFR 53			
	SIGNATUR	E OF APPLICA	NT, ATTORNEY, OR A	GENT
Firm Eric S. Hyman, Reg. No. 30,139				
Individual name BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP			MAN LLP	
Signature				
Date	Date July 31, 2008			
	CERTIF	CATE OF MAIL	ING/TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.				
Typed or printed na		<del></del>	<u> </u>	
Signature	Ola			Date 9-1-08

E TRANSMITTAL for FY 2007 Complete if Known Application Number 10/533385 Filing Date April 28, 2005 Sung-Hee Park Patent fees are subject to annual revision. First Named Inventor Examiner Name David Rashid Applicant claims small entity status. See 37 CFR 1.27. 2624 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 0.00 Attorney Docket No.

TOTAL AMOUNT OF	PATMENT	(\$) 0.0	0 Attorney Doc	ket No.	51876P846	
METHOD OF PAYMENT (check all that apply)						
Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):  Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee ☐ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.  Check ☐ Check ☐ Check all that apply ☐ Credit any overpayments ☐ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.				on for g an		
FEE CALCULATION		<del></del>				
1. EXTRA CLAIM FEES    Claims   Fee from below   Fee Paid						
Code (\$) Code	Fee (\$)	Fee Description			Fee Paid	
1052         50         2052           2053         130         2053           1251         120         2251           1252         460         2252           1253         1,050         2253           1254         1,640         2254           1255         2,230         2255           1401         510         2401           1402         510         2402           1403         1,030         2403           1451         1,510         2451           1460         130         2460           1807         50         1807           1806         180         1806           1809         810         1809           1810         810         2810	130 Non-English sp. 60 Extension for 1230 Extension for 1230 Extension for 1230 Extension for 1255 Notice of Apper 255 Filing a brief in 1515 Request for or 1,510 Petition to inst 130 Petitions to the 50 Processing fer 180 Submission of 405 Filing a submission of 1510 Extension for 1510 Petition for the 1510 Processing fer 1510 Extension of 1510 Processing fer 1510 Extension of 1510 Extension for 1510 Extensi	reply within first month reply within second month reply within third month reply within fourth month reply within fifth month eal n support of an appeal	R § 1.129(a))			
Other fee (specify)		SUBTOTAL (2)			(\$)	

SORWILLED BY				Com	plete (if applicable)
Name (Print/Type)	Eric S. Hyman	Registration No. (Attorney/Agent)	30,139	Telephone	(310) 207-3800
Signature				Date	07/31/08

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (vlr) 02/26/2001. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

800S FO DUA EE TRANSMITTAL for FY 2007 Complete if Known Application Number 10/533385 Filing Date April 28, 2005 Patent fees are subject to annual revision. First Named Inventor Sung-Hee Park Applicant claims small entity status. See 37 CFR 1.27. **Examiner Name** David Rashid Art Unit 2624 TOTAL AMOUNT OF PAYMENT 0.00Attorney Docket No. 51876P846

METHOD OF PAYMENT (check all that apply)				
☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):				
Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
Charge fee(s) indicated below  Credit any overpayments				
Charge fee(s) indicated below, except for the filing fee Any concurrent or future reply that requires a petition for				
Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.  extension of time should be treated as incorporating an appropriate petition for extension of time and all required				
fees should be charged.				
FEE CALCULATION				
1. EXTRA CLAIM FEES				
Extra Fee from Claims below Fee Paid				
Total Claims 42 42 = 0 x 25.00 = \$0.00				
Independent 3 3 3 = 0 x 105.00 = \$0.00				
Multiple Dependent				
Large Entity   Small Entity				
Fee Fee Fee Fee Description Code (\$) Code (\$)				
Code (\$) Code (\$)				
1201 210 2201 105 Independent claims in excess of 3				
1203 370 2203 185 Multiple Dependent claim, if not paid 1204 810 2204 405 **Reissue independent claims over original patent				
1205 810 2205 405 **Reissue claims in excess of 20 and over original patent **or number previously paid, if greater, For Reissues, see below				
SUBTOTAL (1) (5) 0.00				
2. ADDITIONAL FEES  Large Entity Small Entity				
Foo Foo Foo Foo				
Code (\$)   Code (\$) Fee Description Fee Paid				
1051 130 2051 65 Surcharge - late filing fee or oath				
1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet.  2053 130 2053 130 Non-English specification				
1251 120 2251 60 Extension for reply within first month				
1252 460 2252 230 Extension for reply within second month				
1253 1,050 2253 525 Extension for reply within third month 1254 1,640 2254 820 Extension for reply within fourth month				
1256 2,230 2255 1,115 Extension for reply within fifth month				
1401 510 2401 255 Notice of Appeal				
1402 510 2402 255 Filing a brief in support of an appeal				
1403 1,030 2403 515 Request for oral hearing 1451 1,510 2451 1,510 Petition to institute a public use proceeding				
1460 130 2460 130 Petitions to the Commissioner				
1807 50 1807 50 Processing fee under 37 CFR 1.17(q)				
1806 180 1806 180 Submission of Information Disclosure Stmt  1809 810 1809 405 Filing a submission after final rejection (77 CFR 5.1.129(a))				
The state of the s				
1810 810 2810 405 For each additional invention to be examined (37 CFR § 1.129(b))  Other fee (specify)				
SUBTOTAL (2) (\$)				

Registration No. (Attorney/Agent)

30,139

Complete (if applicable)

Telephone

Date

(310) 207-3800

07/31/08

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 02/26/2001 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Eric S. Hyman

SUBMITTED BY

Name (Print/Type)

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